

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034128

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 71

Primary Registration District No. 5287

Registrar's No. 104

FILED SEP 28 1962

1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)

Excelsior Springs, R.R. #1

Length of stay in 1b

3 months

c. FULL NAME OF (If NOT in hospital, give location)

3 mi. S.W. of Ex. Spgs, Mo

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Clay

c. CITY

OR

Excelsior Springs,

Inside Limits

Yes ☐ No ☒

d. STREET

(If outside, give location)

3 Mi. S.W. of Ex. Spgs.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Orbria

Napolean

Swearingin

4. DATE OF DEATH

Month

Day

Year

Sept

12

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐ Divorced ☐ Widowed ☐

8. DATE OF BIRTH

10/12/1962

9. AGE (last birthday)

59

10. IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Miner

10b. KIND OF BUSINESS OR INDUSTRY

Mining

11. BIRTHPLACE (City and state or country)

Lafayette Co, Missouri U.S.A

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

John Swearingin

13b. MOTHER'S MAIDEN NAME

Sophie Stulz

14. NAME OF HUSBAND OR WIFE

Eva Grace O'Dell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)

No

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Mrs Orbria Swearingin, R.R. #1, Ex. 5A65

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

1 Congestive failure

INTERVAL BETWEEN ONSET AND DEATH

sev. mos.

DUE TO (b)

Hypertension

sev. yrs.

DUE TO (c)

Arteriosclerosis

sev. yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Pneumonitis; emphysema

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour s.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 17, 1962 to Sept 12, 1962 and last saw her live on Sept 12, 1962

Death occurred at 9:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature] (Degree or title)

22b. ADDRESS

M. D. EXcelsior Springs, Mo.

22c. DATE SIGNED

9/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9/15/1962

23c. NAME OF CEMETERY OR CREMATORY

Old New Garden

23d. LOCATION (City, town, or county)

Excelsior Springs, Mo

24. FUNERAL DIRECTOR'S ADDRESS

Richard Funeral Home, Inc.

Excelsior Springs, Missouri

25. DATE RECD. BY LOCAL REG.

9-14-62

26. REGISTRAR'S SIGNATURE

Baroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 6000

2 6000

3

4 0

5 1

6

7 0

8 0

9 444X

10

11

12 90-0

13 1-0

Revised permit since
9-14-62 E. H.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ralph Van Ledingham

Licensed Embalmer No. 4009

P. O. Address Excelsior Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.